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Arkansas Health Information Technology Regional Extension Center



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- February 17, 2009 President Obama signed the American Recovery and Reinvestment Act
- \$33 billion dedicated to Medicare and Medicaid incentives for physicians and hospitals who purchase and use Electronic Health Records (EHRs).
- Bonus payments will only be made to “meaningful users” of qualified EHRs. To take maximum advantage of these bonus payments, physicians will need to be ready by calendar year 2011 and hospitals will need to be ready by FY2011 (beginning October 1, 2010).



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- Cornerstone of the state's HIE Effort
- Designed to:
 - Recruit and Assist Eligible Providers
 - Implement and use Electronic Health Records in physician's practices to meet ONC **Meaningful Use** definition
 - Coordinate with Governor's HIE Task Force
- Estimated Letter of Award: January 29, 2010



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INITIAL GOALS:

- 1,000 priority primary care physicians by end of year 2 to become certified “meaningful users” with Certified EHR Technology
- Additional 1,000 certified users by end of year 4
- Maintain ARHITREC Organizational sustainability beyond year 4
- Provide valued services to providers



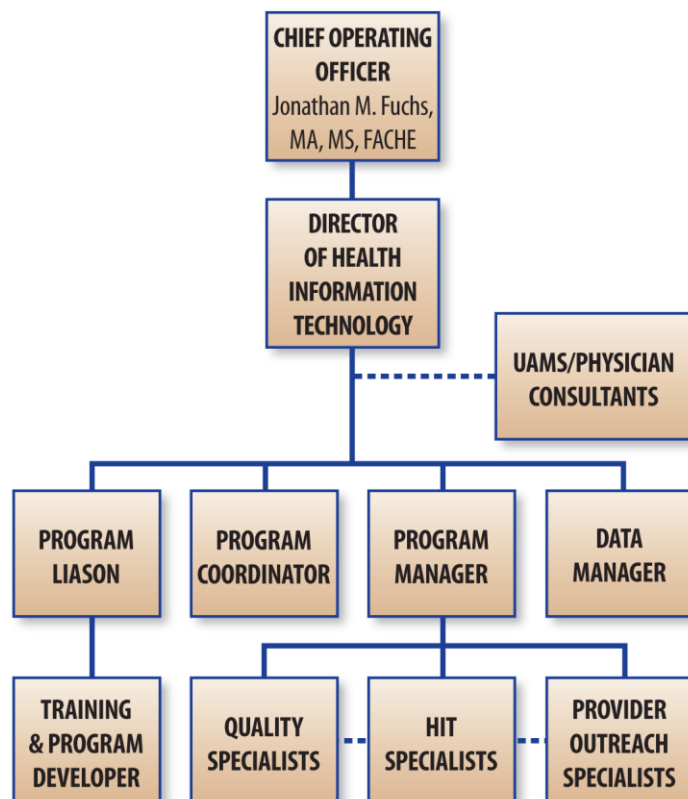
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Arkansas HIT Regional Extension Center





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90-DAY IMPLEMENTATION TEAM

Scope of Service Area	Implementation Staff	Title
Executive Management	Jonathan Fuchs	Project Director
Education and Training of All PCP in Service Area	Julia Kettlewell	Program Manager
National Learning Consortium	Jo Nycum	Program Liaison
Vendor Selection and Group Purchasing	Rhelinda McFadden Brad Wise	HIT Specialists
Local Workforce Support	Dr David Nelsen	Physician Consultant
Implementation and Project Management	Julia Kettlewell	Program Manager
Practice and Workflow Redesign	Jo Nycum Tereasa Holmes	Quality Specialist Provider Outreach
Interoperability and Heath Info. Exchange	Brian Herzig	Data Manager
Privacy and Security	D.J. Blaylock	Corporate IT Manager
Progression to <i>Meaningful Use</i>	Julia Kettlewell Cindy Lyman	Program Manager Program Coordinator
Workflow Development and Reporting	Cindy Lyman	Program Coordinator





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COMMITTEE ACTIVITIES:

- Quality and Technical Committee
- Vendor Evaluation Work Group
- Implementation Work Group
- Monitoring and Evaluation Work Group
- Practice Services Work Group



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ORGANIZATIONAL ACTIVITIES:

- National Learning Consortium
- Provider Outreach and Servicing
- Vendor Selection and Group Purchasing
- Implementation and Program Management
- Practice and Workflow Redesign
- Privacy and Security Best Practices
- Post Implementation Consulting Services
- Additional Technical Support
- Functional Interoperability and HIE
- Local Workforce Support



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IMPLEMENTATION SERVICES:

- Practice Readiness Assessment
- Technical Assessment
- Workflow Analysis/Redesign
- Post-implementation Review
- Care Management
- Evaluation of EHR Data Reporting Capabilities
- Project Management



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MISSION:

ARHITREC: provides the training, support, technical assistance, outreach and collaboration to providers and stakeholders in the state to achieve the meaningful use of EHR's as defined by the Office of the National Coordinator (ONC)



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VISION:

All Arkansas providers successfully implement EHR as an initial step in supporting the use of HIT across the state and participate in a statewide HIE for providers and patients. This infrastructure leads to a significant improvement in the quality of the healthcare delivered and, subsequently, the quality and safety of health for the citizens of Arkansas



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GOAL I:

ARHITREC provides resources, assistance and ongoing support necessary for PCP's to achieve successful implementation of EHR, thereby assisting all Arkansas in achieving the ability to access health information to better manage and participate in their own personal health



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GOAL II:

ARHITREC assists practices with workflow evaluation and the development of Quality Improvement activities to improve the quality of patient care as well as to report quality parameters to obtain meaningful use



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GOAL III:

ARHITREC will maintain a registry of preferred vendors and their certification status. We will negotiate with vendors for group purchasing rates. The use of preferred vendors who have met strict certification requirements assures interoperability, speed, security and privacy and sustained meaningful use.



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GOAL IV:

ARHITREC identifies the workforce skill sets needed to support the implementation and use of EHR in the state and works with educational institutions to develop these skills to ensure workforce sustainability



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GOAL V:

ARHITREC assesses provider practices to identify HIT skill levels, readiness and need for technology training to facilitate rapid EHR adoption that meets all of the requirements of the ONC

MEDICARE AND MEDICAID INCENTIVE PLANS:



	Medicare	Medicaid
<i>Eligibility linked with threshold patient volumes?</i>	No threshold Medicare patient volumes to qualify for additional Medicare incentives	Have patient volume of at least 30% attributable to Medicaid patients.
<i>Meaningful use required?</i>	Yes - Physicians must purchase or lease the system, integrate it into your practice and be "meaningfully" using it before you'll receive any money.	No - Physicians can receive up to \$25,000 in year-one Medicaid incentive payments to help offset some of the cost of acquiring the technology.
<i>Year 1 max incentive payment</i>	\$18K	\$25K
<i>Additional</i>	\$12K, \$8K, \$4K and \$2K for the next four years for those starting to receive benefits in 2011	physicians will be eligible to receive up to \$10,000 annually for four additional years to support the "meaningful use" of EHRs,
<i>Maximum Incentives</i>	Maximum reimbursement of \$44K over a period of 5 years (\$48.4K in HPSA)	Reimbursement of up to 85% of allowable EHR costs not to exceed a maximum per provider total over the four years of \$63,750
<i>Starting year</i>	2011 (Confirmed)	2011 (Probable)
<i>Latest start date to maximize incentives</i>	2012	2016
<i>Incentive Expiry</i>	No Medicare incentive for those who are meaningfully using an EHR after 2014; Last payment made in 2016	No Medicaid incentive payment to be made after 2021 or for more than 5 years
<i>Additional Incentive for HPSA</i>	10% additional	None
<i>Linked to Allowed Charges?</i>	Yes - \$24000 in Medicare Allowed Charges (75% of \$24K = \$18K) required to maximize reimbursement	No – Medicaid Incentive payment not linked with Allowed Charges.
<i>Penalties for not demonstrating meaningful use of a certified EHR</i>	Begins to cut payments to doctors in 2015	No such punitive cuts



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ELIGIBILITY:

- To be eligible for incentive payments physicians must be able to prove they are “meaningful” EHR users

CRITERIA:

- Demonstrate to HHS that they are using a certified EHR in a meaningful manner
- Participate in Electronic Prescribing
- Ability for the EHR to provide electronic exchange of health information to improve quality of healthcare
- Capable of submitting information to HHS for quality measures



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MEDICARE PROVIDER INCENTIVES AND REQUIREMENTS:

- Incentives most likely will start in calendar year 2011
- Physicians may receive payments up to \$44,000 over five years, assuming their EHR usage begins early enough
- Bonus payments are based on 75% of Medicare claims, subject to caps (*see next slide*)
- Health care providers in “provider shortage areas” are eligible for 10% increase
- Incentive payments end in **2015**



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MEDICARE PHYSICIAN EHR INCENTIVES:

	2011	2012	2013	2014	2015	2016	2017	TOTAL
Adopt 2011 or before	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$0	\$44,000
Adopt 2012	-----	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
Adopt 2013	-----	-----	\$15,000	\$12,000	\$8,000	\$4,000	\$0	\$39,000
Adopt 2014	-----	-----	-----	\$12,000	\$8,000	\$4,000	\$0	\$24,000
Adopt 2015 +	-----	-----	-----	-----	\$0	\$0	\$0	\$0

- Maximum payments based on 75% of Medicare claims (providers billing at least \$24,000 would claim maximum \$18,000 bonus)
- Hospital-based professionals are not eligible for Medicare Incentives.



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MEDICAID PROVIDER INCENTIVES AND REQUIREMENTS:

- Incentives most likely will start in 2011
- No Medicaid payment reductions if a provider does not adopt certified EHR technology

Providers include:

- Physicians
- Dentists
- Nurse midwives
- Nurse practitioners
- Physician assistants (in rural health clinics or federally qualified health centers led by PA)
- Children's and acute-care hospitals
- To be eligible for Medicaid providers are required to waive Medicare EHR incentive payments.



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WHO IS ELIGIBLE?

Providers	Medicaid Patient Volume
Non-hospital based providers	$\geq 30\%$
Non-hospital based pediatrician (eligible for 2/3 of the amount)	$\geq 20\%$
Physician who practices in federally qualified health center or rural health clinic	$\geq 30\%$ attributable to needy individuals
Children's hospitals	No requirement needed
Acute-Care hospitals	$\geq 10\%$





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MEDICAID INCENTIVES: (cont.)

- First year payment = \$25,000
- Caps: following years at \$10,000/year
- First year cost no later than 2016
- No payments made after 2021, or more than five years from the first qualifying year
- Maximum Medicaid incentives = \$65,000 vs. \$44,000 maximum for Medicare incentives



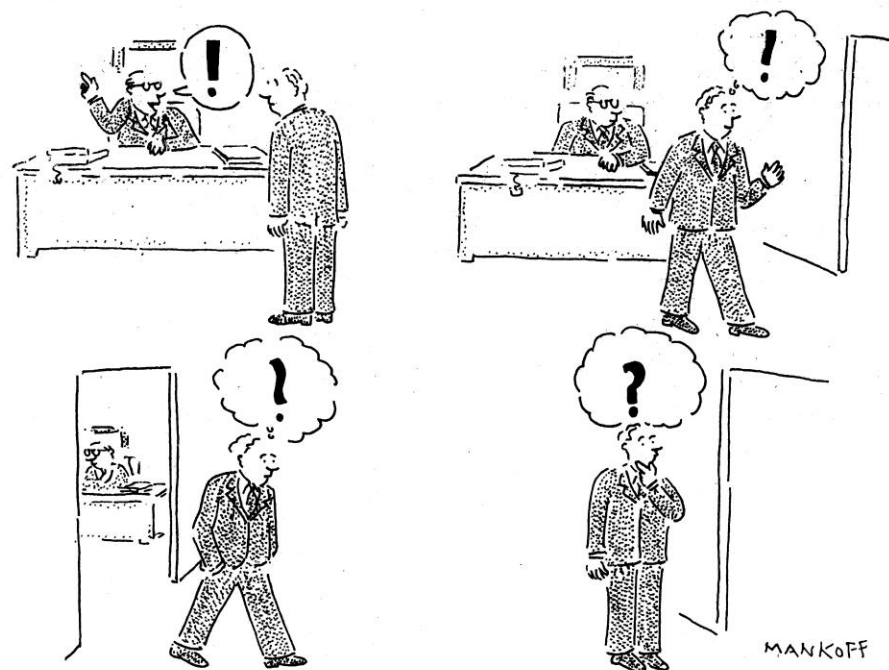
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VENDOR SELECTION:

- In progress



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MARKETING STRATEGY

DELIVERABLES	IMPLEMENTATION PLAN	RESPONSIBLE PARTY	STATUS
Identification of providers	<i>Directories:</i> <ul style="list-style-type: none"> • State Medical Board • AR Medical Society • Commercial Insurance • Various Hospital Physician Listings • Medicaid Primary Care Listing 	Provider Relations Academic Detailers	On going
Letter	Introduction Letter	Committee	Mailed out 10/5/09
a. Intent	Letter of Intent		
b. Commitment	Marketing Tool In process	Committee	Completed 12/14/09
Outreach Training	<ul style="list-style-type: none"> • Joint strategy meeting for provider relations and academic detailers. • Classify levels of physician groups 	Provider Relations Academic Detailers	Completed 10/05/09
Outreach	Phone Calls Provider Visits <i>(Provider Relations will focus on Medicaid PCPs, Academic Detailers will focus on MCMP providers)</i>	Provider Relations Academic Detailers	Completed 10/6/09
Time line	<i>Initial phone calls and visits for letters of Intent</i> <ul style="list-style-type: none"> a. Level I (500 providers) b. Follow up calls to Level I c. Level II (500 providers) d. Level III (500 providers) e. Wrap up of remaining providers 		Completed 10/6-10/09 Completed 10/12-10/16 Completed 10/19-10/23 Completed 10/26-10/30
Marketing Plan	<i>In collaboration with UAMS, Provider Awareness Campaign Plans are being developed utilizing our various forms of media including web sites, educational materials, television, radio, PSA, print ads and personal contact.</i>		In process





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MARKETING STRATEGY (Cont'd)

DELIVERABLES	IMPLEMENTATION PLAN	RESPONSIBLE PARTY	STATUS
	a. www.hit-arkansas.com will be an active site b. e-blast announcing website and additional information c. flyers and informational packets produced d. statewide press release e. pitch radio interviews f. ads and articles in AMS, AAFP, AHA and ASBN	AFMC Comm. AFMC Comm. AFMC Comm AFMC Comm	a. Site will be live 10 business days after award notification b. Promotion of website will begin 10 days after award notification c. Packets will be ready 20 business days after notification d. State HIT Task Force will take the lead on releasing information to the public. e. Once the release is issued we will pitch to KARN for radio interview f. Ads will run 30 days after award announcement
Education Planning Materials	<i>Education materials will be provided to these team members for their one on one meetings with clinics and providers. Materials include:</i> a. designating a spokesperson from the medical community b. testimonials c. having breakouts or sessions at Medicaid Regional Meetings and AFMC's Quality Conference d. attending, speaking and exhibiting at stakeholder conferences e. quarterly educational packets for distribution		a. Spokesperson will be named in first 30 days b. Testimonials will be produced in first 30 days c. Medicaid Regional Meeting date is TBD, but they will take place within the first six months of 2010. AFMC's Quality Conference will be May 20-21, breakouts and plenary sessions are planned. d. Stakeholder conferences include: Arkansas Medical Society's annual meeting (April 16-17, 2010); Arkansas Academy of Family Physician's annual meeting (July 28-29, 2010); Arkansas Osteopathic Medical Association Summer Meeting (August 2010); Arkansas Chapter of American Academy of Pediatrics (fall 2010); Arkansas Hospital Association's annual meeting (October 6-8, 2010) e. This will be an ongoing supplement to the initial packet and will be updated quarterly.
Action Items	Weekly scheduled meeting with UAMS/AFMC.		



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ROLL-OUT STRATEGY:

- Application and Practice Pre-assessment form will be mailed to physicians that sent in a letter of intent
- Pre-assessment forms will be date stamped upon receipt and listed under one of the eight provider relations regions.
- **Based on AFMC practice criteria practices will be placed in one of three categories:**
 - Full EMR
 - Limited EMR
 - No EMR
- **Month 1**
 - 24 Practice locations will be selected, 3 in each of the 8 provider relations regions, one for each of the practice types listed above.
 - Practice locations will include both solo and multi physician sites
- **Month 2-12**
 - Number of practice locations will be determined after the initial first month of operation. This number is expected to increase based on the experience with the first month of operation.



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HITREC 2-YEAR ROLL OUT PLAN

(1) APPLICATION:

- Information regarding access to application form will be contained within marketing materials (i.e. HITARKANSAS.COM Flyers, etc) as well as made available on AFMC website.
- Application form will reiterate eligibility criteria, serve as an enrollment process as well as provide weighted data to assist in prioritization of practices for implementation rollout.
- Enrollment 'start date' and 'application due dates' will be posted in an effort to facilitate prioritization and initiate rollout.
- Application checklist is recommended.
- Application content derived from both Project Application and Practice Readiness Assessment (PRA)



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HITREC 2-YEAR ROLL OUT PLAN (cont'd)

(2) SELECTION PROCESS:

- Selection will be based upon grading criteria which will incorporate a scoring and point value system with a total point value of 100 points.
- Selection will be allocated into two distinct categories: Practices who have existing, functioning EHRs (full or limited) and practices who do not have EHRs.
- Selection will comply with HITREC contractual target specifications.



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HITREC 2-YEAR ROLL OUT PLAN (cont'd)

(3) PRIORITIZATION CRITERIA:

- Primary care practices as defined by HITREC
- Practices serving Medicaid or Medicare underserved populations/priority locations
- Number of practice sites within system/network
- Letters of support from practice medical director and practice administrator confirming practice buy-in and readiness to make change
- Access to financing for software/hardware/training needs
- Connectivity
- Level of EHR functionality or absence of EHR
- Onsite IT support/ or access to IT support



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HITREC 2-YEAR ROLL OUT PLAN (cont'd)

(3) PRIORITIZATION CRITERIA (CONT'D):

- Adequate staffing for transition
- Work volume (average number of visits per day)
- Staff computer skills/knowledge and or additional training needs
- Appropriate timeline for transition
- Type of stimulus reimbursement sought (Medicare vs. Medicaid)
- Community support (access to other healthcare services)
- Patient access to care



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EXPECTATIONS OF THE PROVIDER/PROVIDER OFFICE:

- Submission of application for completeness of information requested on or prior to the stipulated due date
- Letters of commitment/support by both the practice medical director and clinic administrator declaring practice buy-in, and available financing for software/hardware purchases
- Development of practice EHR implementation team consisting of a minimum of 3 members. The team members should be comprised of either clinic director, medical director, nurse, office manager, IT staff, or QI staff.
- HITREC/AFMC staff will have access to above team members via scheduled onsite visits and/or conference calls.
- HITREC/AFMC staff will have access to the practice staff members, facility and existing software/hardware to evaluate current workflow and delivery system design.



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EXPECTATIONS OF THE PROVIDER/PROVIDER OFFICE (cont'd):

- Practice team will work with HITREC/AFMC staff to develop a reasonable timeline for the transition and will be committed to adhering to that timeline.
- Practice staff will work with selected vendor and vendor project manager, trainer(s), customer support (IT) with HITREC/AFMC staff serving as liaison to facilitate the transition/implementation process.
- Practice staff will attend inservice training conducted by Quality Specialists to understand/learn about change concepts (PDSA) and CQI in an effort to ensure sustainability.
- Practice staff may be required to participate in periodic evaluation surveys in an effort to obtain data. Data results will be used to maximize both efficiency and customer satisfaction of HITREC/AFMC staff.
- Practice staff will commit to striving toward maximizing EHR functionality and incorporating meaningful use criteria.



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OTHER SERVICES:

- IT tech support
- Data back-up
- Consulting





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TRANSITION AND IMPLEMENTATION ACTIVITIES:

- Internal Staff identification and assignment [*the transition team*] (*Completed*)
- Implementation Workgroup (*Completed*)
- Marketing Plan (*Completed*)
- Deliverables Definition
- Policy and Procedure Development
- Hiring and Training Highly Qualified Permanent Staff (*Initiated*)
- Transition of responsibilities within 90 days to ARHITREC Staff



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NEXT STEPS:

- EXPECTED AWARD DATE...January 29, 2010
- Vendor Selection
- Reporting Requirements-Medicare/Medicaid
- Financial/Fudiciary Processes-Medicare/Medicaid
- ESTIMATED AWARD START.....April 1, 2010